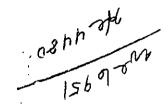
No.300	SEP 7 1955 STANDARD CERTIFICATE OF DEATH	そいごうだ
	Standard Certificate OF DEATH State File No	
10-48	BIRTH NO REG. DIST. NO PRIMARY REG. DIST. NO Registrar's No	3739
,	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decoased lived. If institution	ion: residence before
7 /	a. COUNTY b. COUNTY	admission).
/ · · ` .	b. CITY (If outside corporate limits, write RURAL and give   C. LENGTH OF   C. CITY   d. is Residen	CKSOK
, , ,	b. CITY (If outside corporate limits, write RURAL and give township)  C. CITY  OR  TOWN /190 SAS City  TOWN /190 SAS City  OR	te within limits of neceporated town?
12	FIRE MALE OF THE PARTY OF THE P	211
RECORD	d. PULL NAME OF (If not in hospital optimitation, give street address of location)  HOSPITAL OR INSTITUTION //0 9 6 307h  12 ADDRESS // 9 6 307h	240
22	3. NAME OF a. (First) b. (Middle) c. (Last) 4. DATE (Month) (OF OF O	Day) (Year)
본	(Type or Print) / O/A () Ane / On Tomogra DEATH Angus	23 /955
PERMANENT	5. SEX   6. COLOR OR RACE   7. MARRIED, NEVER MARRIED,   8. DATE OF BIRTH   9. AGE (In years of the black birthday)   Months   De   Months   D	AR FUNDER 16 HRS.
3	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR IN- 11. BIRTHPLACE (Give and State of Forcing Company) / 12.	CITIZEN OF WHAT
8	done during most of working life, even if retired)	CUNTRY
T E	Retired Dress-MAKET Weren Co. allenois	USA.
< ■	136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSENHOUR WIFE.	. 4
ы	W LITTIC HALES MARY S. S. L. HOT BECCOSED M	
VKE	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME (You, no, or unknown) (If you, give war or dates of service)	ADDRESS
Ŋ	No No None J Richardson Montgomery	1109 6 3014
] ]	18. CAUSE OF DEATH	NTERVAL BETWEEN ONSET AND DEATH
N.	Enter only one cause per   I. DISEASE OR CONDITION   DIRECTLY LEADING TO DEATH*(a)   GENERAL INANITION	
	ANTECEDENT CAUSES	•
5	*This does not mean the mode of dying, such Marbid conditions, if any, giving DUE TO (b) CHRONIC MALNUTRITION	
BLA	as heart failure, asthenia, the total course (a) statistic	
	() etc. It interns the dis-	4.5
S S	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS	<del>_ وره ي</del> _
ä	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTO YES [	
Ϋ́	19a. DATE OF OPERA- 19b. MAJOR FINDINGS OF OPERATION	D. AUTOPSY?
Z.	TION	YES NO X
	21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
SING	SUICIDE home, farm, factory, street, office bldg., etc.)	
80	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR?	<del></del> _
무기	OF INJURY  MHILE AT NOT WHILE AT WORK AT WORK	
		41 - 3 3
22. I hereby certify that I attended the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased not be deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased not be deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, to Quy., 1955, that I last saw the deceased from July 29, 1955, that I last saw the deceased from July 29, 1955, the Quy., 1955, that I last saw the deceased from July 29, 1955, the Quy., 1955, the Qu		
IĄ.		3c. DATE SIGNED
Ia	236. SIGNATURE Jay J. Canduff, M.D. 0 1220 E. 3/M ST.	7/23/55
· Ы		<del></del>
E	246. BURIAL, CREMA- 24b. DATE 100, REMOVAL (Boods) 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county)	. (State)
WRITE	Remaya L 18-24-55	79
Í	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE	ESS.
	8-24-55 hera minghall Healon Bowman Juneral H	mil
•	(Licensed Subalmer's Statement on Reverse Side)  VIA Sidnia'S	manan
	- VIA SIGNIONS	,



## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision

by me, or by .....

Signature of Student Embalmer

working under my personal supervision..

Student ......

Licensed Embalmer No.

P. O. Address

Student Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F.

to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

Tf this body is not embalmed, fact should be so stated above.